

SEMI-ANNUAL PROGRAM REPORT

June 1 – November 30, 1999

April 2000

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NGO Networks for Health Project

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INTRODUCTION

NGO Networks for Health (*Networks*) is a bold partnership among five leading PVOs (ADRA, CARE, PATH, Plan International, and Save the Children/US) to improve family planning, reproductive health, child survival, and HIV/AIDS (FP/RH/CS/HIV) information and services. *Networks*' approach builds on Partner strengths—their extensive community-based programs and existing service networks—to integrate results-oriented capacity building activities and best practices in community-based behavior change methodologies, and to expand linkages with other PVOs, NGOs, and the public and private sectors.

Highlights of this six-month reporting period (June 1 - November 30, 1999) are presented in the box below, followed by summaries of focus country and global activities.

Accomplishments:

- Partner organizational assessments completed
- Capacity-building strategies workshop held for Partners
- Focus country program activities initiated in Malawi, Nicaragua, and Vietnam
- Armenia identified as focus country and scope of work (SOW) developed for submission to mission
- Reproductive health specialists hired by three Partners—ADRA, Plan International, and Save the Children/US
- Regional technical advisor for Asia hired
- First technical seminar on integration of sexually transmitted infections (STI) services with family planning held
- Safe motherhood/newborn care technical workshop report completed and disseminated
- White Ribbon Alliance for Safe Motherhood workshop held
- Behavior change technical approach drafted and in review
- Behavior change forum report completed and disseminated
- First round of research for best practices compendium completed and in review
- Training workshop on baseline data collection conducted in Nicaragua
- Operations research selection criteria developed and approved
- Lot Quality Assurance Sampling (LQAS) approach field tested
- Gender indicators workshop held, report completed, and distributed
- Field research on women's empowerment through networks in Mali completed
- *Networks* promotional materials developed
- Web site launched
- Documentation and Dissemination Working Group formed for PVO/CA community



SIX MONTH HIGHLIGHTS

(June 1 - November 30, 1999)

Ongoing Activities:

- Facilitating implementation of country programs in Armenia, Malawi, Nicaragua, and Vietnam
- Marketing *Networks* to Partners and missions in potential focus countries: Ethiopia, India, and Indonesia
- Facilitating development and implementation of Partners' capacity-building plans
- Providing technical assistance and training to focus and non-focus countries
- Holding technical seminars for policy planners, program managers and service providers
- Conducting baseline studies and establishing monitoring and evaluation systems in focus countries
- Planning for operations research regional workshop
- Identifying, developing, and disseminating FP/RH/CS/HIV information and materials
- Participating in advocacy activities for safe motherhood through the White Ribbon Alliance
- Acquiring materials/information for resource center
- Documenting selected NGO networks

FOCUS COUNTRY PROGRAMS

Major achievements have been realized in the establishment of *Networks* projects through the collaboration of our Partners in Armenia, Malawi, Nicaragua and Vietnam. Summaries of country activities are provided below. Due to the difficulties encountered in Partner registration with the government of Turkmenistan and under advisement from USAID, efforts to work in Turkmenistan have halted.

Armenia

Overall goal	Reduce mortality and morbidity rates through the development of local capacity to provide sustainable quality reproductive health information and services
Status	SOW being finalized for submission to the mission in early December
Participating PVO Partners	ADRA, CARE, Save the Children
Lead PVO Partner	ADRA
Date of mission approval	Pending
Funding committed	\$585,000 from USAID/Armenia prior to submission of the completed SOW
Country team leader	Ruth Hope

In response to mission interest in *Networks*, the project director and senior reproductive health advisor made an initial visit to Armenia in August 1999 to explore the potential for a *Networks* project with the three Partners in country (ADRA, CARE, Save the Children). Two follow-up visits by *Networks* and Partner headquarters staff in October and November facilitated the establishment of the Armenia network. ADRA was designated as the lead PVO Partner; a workplan was developed and will be submitted to the mission for approval early December.



The proposed Armenia network workplan employs a two-tiered approach. At the national level, Partners will work together to develop a network of organizations to influence health policy, and at the regional level each Partner will introduce and test a FP/RH information and service delivery model. The following three models will engage different health sector partners and provide an opportunity for *Networks* to test and learn from alternative service delivery approaches.

- *Women's Resource Center Model*—ADRA will develop a model that builds linkages between women and public health service providers through the development of a resource center to provide information, counseling, and advocacy for reproductive health.
- *Integrated Public One-Stop-Shop Model*—CARE will develop a model that integrates all aspects of FP/RH services into a Ministry of Health clinic-based facility in an effort to rebuild the presently fragmented FP/RH service and referral structure.
- *Public/Private Partnership Model*—Save the Children will develop complementary private sector community-based resource and public/private FP/RH service delivery models that will establish rural-based public and urban-based private providers.

Activities during this reporting period

August	Initial exploratory visit
October	Follow up visit by <i>Networks</i> and Partner headquarters staff; lead PVO Partner designated
November	Follow up visit by <i>Networks</i> staff; partnership concept and collaboration further developed; draft SOW developed

Planned activities for the next reporting period (December 1-May 31, 2000)

- Prepare and submit annex to the SOW
- Obtain mission approval of SOW
- Establish project office and recruit staff
- Finalize implementation plan

Malawi

Overall goal	Provide capacity building to local NGOs in the design and management of HIV and RH programs and activities.
Status	Implementation begun, project office established, project manager hired and other staff recruitment begun, four grants awarded to local NGOs
Participating PVO Partners	ADRA, CARE, Plan International, Save the Children
Lead PVO Partner	Save the Children
Date of mission approval	June 1999
Funding committed	\$1.4 million from mission (with an additional \$2.5 million expected) for the period June 1999 - September 2001
Country team leader	Mike Negerie

The SOW for Malawi received mission approval at the outset of this reporting period and activities are underway. Key elements of the project include: the expansion of the NGO network (Umoyo Network) to include other NGOs and development partners; establishment and operation of the Umoyo Café, a communication and health information resource center in Blantyre; management of a grants program; and capacity building through technical assistance and training. A project office has been established and an interim project manager hired, and recruitment is underway for other staff positions. A preliminary team building workshop for the PVO Partners (ADRA, CARE, Plan International, Save the Children), Umoyo Network members, and other stakeholders was held in August.



Umoyo's focus is to strengthen the capacity of its members to design and manage HIV and RH information and service projects. Particular emphasis is placed on activities targeted at adolescents and religious groups and those that involve volunteer testing and counseling (VTC), and home-based care (HBC) for AIDS patients. Under the newly created grants program, eight project proposals were developed and submitted by Umoyo network members. Two subgrants were awarded—one to the Malawi AIDS Counseling and Resource Organization (MACRO) and one to the Blantyre Christian Centre (BCC)--to implement VCT and HBC activities. Both initiatives are underway. Four other proposals were also approved for funding during the next reporting period. Two additional NGOs received "local initiative funds" (under \$5000) to hold a workshop to increase AIDS awareness and to launch a National AIDS Day campaign.

Preliminary discussions have begun with two cooperating agencies, JHPIEGO and the Centers for Disease Control and Prevention (CDC), to provide training in FP/RH service delivery and to introduce and provide training on "same day" tests for HIV/AIDS.

Activities during this reporting period

June	SOW approved by the mission
July	Project office established, interim project manager hired, other staff recruitment initiated
August	Team building and orientation workshop held
September/October	Eight proposals developed by Umoyo Network members
October	Two grants awarded to Umoyo members MACRO and BCC HIV/AIDS community-based activities initiated Coordination of a national AIDS prevention activity in Blantyre Two NGOs granted local initiative funds
October/November	Review and approval of additional four grant proposals
November	Discussions begun with JHPIEGO and CDC to provide technical assistance and training

Planned activities for the next reporting period (December 1, 1999 - May 31, 2000)

- Plan and hold staff orientation and team building workshop
- Award up to six grants to Umoyo Network members
- Complete institutional assessments of up to six NGO subgrantees
- Plan and implement capacity-building activities for Umoyo Network members
- Establish the interactive Umoyo Café
- Organize training for baseline survey
- Conduct baseline survey
- Define mechanism for disbursing grants to PVO Partners
- Plan and conduct financial management training for subgrantees
- Plan HIV/AIDS workshop

Nicaragua

Overall goal	Assist in the restoration of health services in Hurricane Mitch-affected communities
Status	Project launch workshop held; project implementation begun; staff hired; subgrant disbursement begun; baseline assessment in process
Participating PVO Partners	ADRA, CARE, Plan International, Save the Children, HOPE, Catholic Relief Services, Project Concern International, Partners of the Americas, and local NGOs (to be determined)
Lead PVO Partner	CARE



Date of mission approval	September 1999
Funding committed	\$6.1 million from the Mission; \$800,000 in core funding
Country team leader	Sumana Brahman

Networks' challenge in Nicaragua is to facilitate the re-establishment of health services while building sustainable provider networks to expand service coverage in Hurricane Mitch-affected areas.

Networks' senior capacity building advisor traveled to Nicaragua to facilitate the establishment of a collaborative undertaking. Eight PVOs formed the network NICASALUD and participated in a project design workshop to develop a comprehensive workplan. The resulting SOW was submitted to the mission and following approval, a project launch workshop was held with the assistance of the consultant who had facilitated the design workshop. Staff recruitment and a search for office space were also initiated.

NICASALUD project activities are designed to restore immunization, child survival, and reproductive health services to small communities and rural areas with an emphasis on health education, monitoring, prevention, and treatment of malaria, dengue, cholera, leptospirosis, and other infectious diseases. Activities also contribute to a separate aim of the mission, which is to ensure that PVOs and local NGOs adopt and disseminate national policy and best practices and work in coordination with the Nicaraguan Ministry of Health.

The three components of the NICASALUD project are the implementation of a grants program; promotion of collaboration among grant recipients and other health providers; and promotion of sustainable, healthy behaviors in participating communities.

As the lead PVO Partner, CARE oversaw the administrative aspects of start-up, while the project manager and the Partners Advisory Group established the grants program. This advisory group is made up of a representative from each of *Networks'* Partners in Nicaragua (ADRA, CARE, Plan International, Save the Children), representatives from four other PVOs (PCI, POA, HOPE, CRS), and a representative from the Ministry of Health. While the initial grantees are international PVOs, the project will increasingly focus on local NGOs. It is expected that up to 12 local NGOs will participate in the project with a maximum annual grant ceiling of \$100,000.

Although *Networks* receives significant mission funding for reconstruction in Mitch-affected areas, these funds cannot be spent on family planning activities. Therefore, core funds from the *Networks* cooperative agreement will be used to strengthen family planning service delivery as programming gets underway. Discussion with CAs on potential collaboration (e.g., with BASICS, MSH/Prosalud, JHU/PCS, IPAS, and EHP) have also begun.

Activities during this reporting period

June	Second follow-up visit
July	Project design workshop held with eight PVOs (NICASALUD members)
September	SOW approved by mission Project launch workshop conducted Staff recruitment initiated, office space explored
October/November	Eight PVO grant proposals developed and approved
November	Subgrant implementation begun Coordination with CAs begun Baseline study initiated as part of performance monitoring system



Planned activities for the next reporting period (December 1, 1999 - May 31, 2000)

- Develop subgrant criteria for local NGOs
- Expand network membership to include local NGOs
- Provide support for subgrant management
- Plan and hold capacity-building workshop for PVOs
- Implement capacity-building activities
- Complete baseline survey
- Develop plans for coordination with other programs and CA projects (BASICS, JHU, IPAS)
- Plan and conduct staff orientation workshop for new NICASALUD staff

Vietnam

Overall goal	Establish a district learning center for best practices in safe motherhood and newborn care
Status	Implementation begun; center is being renovated and equipped; staff recruited, and training of trainers initiated
Participating PVO Partners	ADRA, CARE, PATH, Plan International, Save the Children
Lead PVO Partner	CARE
Date of mission approval	September 1999
Funding committed	\$400,000 (\$100,000 from Global Health and Nutrition and \$300,000 from the ANE Bureau) for 20 months
Country team leader	Theresa Shaver

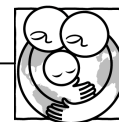
Networks' safe motherhood advisor and the chair of the Network Partnership Council (NPC) visited Vietnam to facilitate Partner collaboration and assist in development of a workplan for the Vietnam Maternal and Newborn Health project. The project's major elements are: to provide quality, safe motherhood information and services; establish a district safe motherhood resource and learning center; strengthen the technical capacity of the network members through technical assistance and training; establish a grants program for members of the network; and conduct operations research.

A facility to house the learning center for best practices in safe motherhood and newborn care was renovated, equipped, staffed, and officially opened at the Quang Xuong district hospital in north central Vietnam. Discussion was initiated with the American College of Nurse Midwives to provide "competency-based training in safe motherhood" for 15 core trainers on six key topics: 1) working with the community, 2) prevention of infection, 3) antenatal care, 4) normal delivery, 5) postpartum hemorrhage, and 6) postpartum care including breast feeding. To enhance communities' abilities to respond to health emergencies, telephones were installed in 41 district commune health centers. Our regional technical advisor for Asia provided on-site technical assistance to the network.

Because USAID population funds may not be used in Vietnam, *Networks'* ability to support activities consistent with a "focus country" model is severely limited. Therefore, Vietnam will henceforth be discussed as a model for providing TA (to a non-focus country). However, committed to the vision of partnership as well as to making a critical difference in women's and children's lives, the Partners are exploring funding options to support "network" activities in country. For example, PATH developed and approved an internal funding proposal to support PATH participation in the Vietnam Maternal and Newborn Health project.

Activities during this reporting period

August	Second <i>Networks</i> visit
September	SOW approved by the ANE Bureau
October	Technical assistance provided by regional technical advisor Catherine Pownall



November Safe Motherhood Learning Center at Quang Xuong District Hospital opened
Discussions initiated with the American College of Nurse Midwives for training program
Telephones installed at commune health centers in 41 districts

Planned activities for the next reporting period (December 1, 1999 - May 31, 2000)

- Develop curriculum for core trainers in life saving skills and training of trainers
- Develop curriculum for trainees from district communes
- Conduct training for core trainers (American College of Nurse Midwives)
- Conduct baseline survey and develop monitoring and evaluation (M&E) systems
- Recruit staff, consultants, and core trainers
- Complete and sign memorandum of understanding with district health authorities
- Train village health workers and mass organization cadres in safe motherhood and newborn care
- Secure additional funds for country safe motherhood project

CAPACITY BUILDING ACTIVITIES

During this reporting period, Partner organizational self-assessments were completed, findings analyzed, reports written, and individual debriefings conducted. These assessments, planned and facilitated by *Networks*' senior capacity building advisor together with the Educational Development Center (EDC) and PACT, helped the Partners examine their performance in selected organizational and technical areas. The results provided information about what they did well and what needed improvement, and laid the groundwork for Partners to develop their own action plans to build FP/RH/CS/HIV capacity. These action plans will form the basis for monitoring Partner capacity-building progress and commitment to change.

A two day workshop, "Capacity Building Strategies: Opportunities for Collaborative Action", was held November 4-5 in Washington, DC, to develop a collaborative capacity-building strategy for the *Networks* project. The Global Excellence in Management Initiative, PACT, and EDC jointly designed and facilitated this event. A watershed event, the workshop brought about a significant increase in Partner understanding of and commitment to the realities of collaboration by generating concrete proposals for action. The Partners prioritized eight of these, which will be further developed and implemented jointly in coming months. Importantly, these and other Partner-identified priority areas for technical support will guide *Networks* in designing its "global" technical capacity-building activities. Since the workshop, *Networks*' Technical Support Group (TSG) has begun exploring Partner and CA roles in addressing the eight collaborative capacity-building proposals.

A technical update for Partners and other PVO and CA staff was held on safe motherhood and newborn care in collaboration with the CORE group, CARE MoRR, Child Survival Technical Support, Christian Children's Fund, and the Salvation Army. A second update, the first in *Networks*' technical seminar series, was held on how to integrate STI/STD content into family planning programs and featured USAID's Dr. Jim Shelton as presenter. Resources on best practices in FP/RH/CS/HIV and related topics were identified from the PVO and CA communities and compiled into a compendium, which will be available for broad distribution in the second half of year two. Our regional technical advisor for Asia began identifying opportunities to expand the impact of technical assistance to a focus country by linking it to other Partner offices in the same region. Planning also commenced for two cross visits among Partner field offices.

Through *Networks*, three Partners hired family planning/reproductive health specialists to improve their RH technical capacity beyond focus countries: Ron Mataya (ADRA), Kabir Ahmed (Plan International), and Ronnie Lovich (Save the Children). In addition to the critical role they play in initiating and supporting FP/RH activities in the each Partner's global portfolio, the specialists work closely with the TSG on linking *Networks* state-of-the art technical expertise to these country programs.



BEHAVIOR CHANGE ACTIVITIES

The report on the behavior change forum held in May 1999 was published. Behavior change approaches and methodologies discussed in the forum informed the articulation of *Networks'* behavior change intervention (BCI) approach, which will in turn be used to guide the development of community-based activities in focus countries. The draft BCI document is currently under review by USAID, Partner, and *Networks* staff.

Networks' behavior change advisor has developed an ongoing dialogue with various groups, such as the CHANGE Project, the Communication Initiative, Environmental Health Project II, CORE Behavior Change Communication Working Group, CEDPA ENABLE, and the MNH Project. This dialogue led to the formation of a working group on community and social mobilization called CAN MOVE (Community Advocacy Network: Mobilize, Organize, Validate, and Expand). Our behavior change advisor is now working with CAN MOVE, members of the CORE Group, and the Salvation Army to plan a behavior change issues and social mobilization workshop, to be held in Washington, DC, in April 2000.

Materials on community and social mobilization were gathered and bibliographies compiled for inclusion in the compendium of best practices. Work was also begun on a community-based safe motherhood manual in collaboration with CEDPA ENABLE and the Maternal and Neonatal Health project.

PVO/NGO NETWORK ACTIVITIES

Networks continues to work on the documentation of other networks for the purpose of gathering knowledge that will inform network development and expansion under this project. Reports on PROCOSI in Bolivia and Groupe Pivot in Mali are nearing completion and will be finalized during the next reporting period. A contractual agreement was reached with the Africa Bureau to document the impact on women's empowerment of three NGO networks in Kenya, Mali, and Nigeria. Consultants were identified, a workshop held to identify gender indicators, and work launched in Mali and Nigeria. A draft report on Mali is currently under review. The Nigeria team is currently in the field. The rapid expansion of documentation activities during this reporting period led to the hiring of a consultant to manage the network documentation process. A network documentation plan was also developed to assist in the selection of future networks to document.

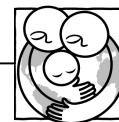
The Global Conference on Networks originally scheduled for June 2000 was postponed to 2001 to accommodate essential planning requirements. An eight-member Network Advisory Council was formed to guide conference planning and a preliminary meeting is scheduled for June 2000.

Marketing of the *Networks* project occurred throughout the reporting period and agreement was reached on targeting Egypt, Ethiopia, India, and Indonesia as potential focus countries. Presentations were made to USAID mission staff visiting Washington from Egypt and India. Lessons learned from marketing experiences during the early months of the project have informed the development of a set of guidelines for focus country selection and marketing procedures that have been agreed upon by all the Partners.

TECHNICAL SUPPORT GROUP ACTIVITIES

The TSG went through a period of consolidation and came together as a team during this reporting period. Participatory processes were established, and monthly meetings and regular professional updating occurred. The FP/RH specialists from the Partners are part of the TSG and provide an essential two-way communication link between the Partners and the technical capacity-building activities of the TSG.

The TSG provided key input to project activities and Partner capacity building. For example, technical guidance supported the capacity-building workshop and the gender indicators workshop. Team members reviewed drafts of



the behavior change forum report, the behavior change intervention strategy, the gender workshop report, and the best practices compendium. On an ongoing basis, TSG members identify resources to include in the compendium of best practices. TSG input also helped shape focus country SOWs and subgrant reviews.

COMMUNICATION AND INFORMATION DISSEMINATION ACTIVITIES

Networks created a new position and hired a communication and information dissemination advisor in June. A package of promotional materials including a brochure, fact sheets, and a presentation folder was produced. A conference exhibit consisting of a project banner and composite posters depicting Partner work in the field was prepared. A *Networks* PowerPoint presentation was developed with modules for the focus and potential focus countries. *Networks*' web site was launched and a promotional post card mailed. The site features links to all our Partner sites as well as project reports and technical publications.

To streamline written materials, templates for trip reports, external meetings, presentations, and consultant reports were created. A library consultant was hired to establish a resource center by consolidating and categorizing various staff collections and acquiring other useful resources on FP/RH/CS/HIV. To facilitate information searches, a materials database has been established and is updated on a bi-weekly basis. Another consultant was engaged to restructure the mailing database to enable targeted mailings and better tracking of materials disseminated. Meetings were also held with staff to refine needs for a consultant database. As this effort moves forward, for efficiency, *Networks* will also pursue the potential of accessing existing databases from other PVOs and CAs.

The documents written, edited, published, and disseminated during this reporting period include:

- NGO Networks for Health Detailed Monitoring and Evaluation Plan
- The Story of CARE's Successful Integration of Family Planning and Reproductive Health Services: A Case Study
- Effective Strategies to Promote Quality Maternal and Newborn Care: Final Report (workshop)
- The Challenge: Rethinking Behavior Change Interventions in Health (workshop)
- Workshop on Women's Empowerment Indicators

Recognizing the need for a forum where communications staff of PVOs and CAs could meet to share information and expertise, *Networks* and Horizons staff formed a documentation and dissemination working group. This group has grown dramatically (from 2 to 20 members) and meets monthly to discuss topics ranging from mailing lists to web site development.

DEVELOPMENT EDUCATION

A full-time development education specialist will be hired to move forward with the agenda for this area, which includes coordinating PVO Partner development education and public affairs activities, raising field support and capacity through regional seminars, and holding a "grass tops" seminar to bring together Partner CEOs, key PVO Partner board members, and selected senior managers to discuss how the project can generate greater resources and attention through joint initiatives.

White Ribbon Alliance

Networks' safe motherhood advisor collaborated with other PVOs and CAs in convening the White Ribbon Alliance for Safe Motherhood workshop in November in Washington, DC, to review progress and plan future awareness raising activities. WHO and the Global Health Council have endorsed the Alliance. Plans are underway to launch white ribbon campaigns in Guatemala, India, Indonesia, Madagascar, Nepal, and Zambia – important examples of the power of PVOs to mobilize networks.



MONITORING AND EVALUATION

A set of core indicators for reporting progress was developed with input from the Partners, CAs, USAID, and CORE Group members. Because *Networks* results are anticipated at three levels—Partner headquarters, focus country, and global—M&E work is similarly structured.

Networks' senior M&E advisor field tested a state-of-the-art LQAS approach for local supervision of health services in June 1999 at a Plan International child survival project site in Nepal. He presented on the LQAS approach at a PVO innovations panel at the November 1999 APHA conference in Chicago.

Lessons learned from the LQAS field test were used in designing the baseline survey for Nicaragua. Training in survey methodology and data tabulation was conducted for NICASALUD members in preparation for the baseline survey, which will be carried out in the next reporting period. Training materials developed for this event included a manual, statistical tables, simulations, games, exercises, and audiovisual presentations. These materials will be adapted and used for survey work in other focus countries. Baseline survey activities are in the planning stage with Partners in Malawi and Vietnam.

The M&E advisor is a member of the M&E working group of CORE and coordinated with CSTS and DHS on the revision of a knowledge, practice, and coverage (KAP) survey. Commonly used by the PVO community for program planning and assessment, this instrument also is the basis of *Networks*' baseline survey work in focus countries. Through this working group, the *Networks* advisor is also coordinating the development of an integrated health facility assessment tool. We are also reviewing MER software, commissioned by CARE for project monitoring, to determine its appropriateness for *Networks*.

OPERATIONS RESEARCH

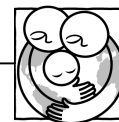
During this reporting period *Networks* staff and Partners agreed on procedures and criteria for selecting and implementing operations research (OR) studies to complement and inform our work in key technical areas. Initial OR discussions in Malawi explored HIV/AIDS topics. At a global level, discussions with the Partners supported working with cooperating agencies on topics of special interest to PVOs such as instruments for advancing community-based integrated management of childhood illnesses, curriculum development for training HIV/AIDS counselors, and rapid monitoring tools for assessing health facilities. To develop Partner capacity to plan and carry out OR activities, *Networks* began planning an OR workshop to be held in Africa or South Asia during year three.

STAFFING

Networks recruited and hired a communications advisor and a communications program associate, and is recruiting for the following positions:

- Office Manager—Save the Children
- Program Operations Manager—PATH
- Capacity Building Specialist—Save the Children
- Monitoring and Evaluation Specialist—CARE
- Partnership Advisor—Save the Children
- Development Education Specialist—ADRA
- Two Regional Technical Advisors—Africa and Latin America

Four *Networks* staff attended “Future Search” training during the reporting period.



PARTNERSHIP GOVERNANCE

The NPC met three times during this reporting period: July 13 at Save the Children's headquarters in Westport; September 27 at Plan International's offices in Surrey, United Kingdom; and November 3 at *Networks*' office in Washington, DC. In addition to providing policy guidance, supporting the director and the Managers Working Group, and monitoring *Networks* overall, the NPC continues to deal with substantive issues such as the appropriate definition of the focus country lead PVO role, the slow pace of recruitment for professional staff positions, and the challenge of collaborative fund raising for joint activities.

EXPANDED PUBLIC AND PRIVATE PARTNERSHIPS ACTIVITIES

Activities in this area are on hold until a partnership advisor is hired.

ISSUES AFFECTING IMPLEMENTATION

NB: As this report is being prepared under transitional leadership, the contents of this section reflect the views of the acting director (Save the Children's officer-in-charge).

Several issues cited in the previous Semi-Annual Report continue to challenge *Networks*.

Given the collaborative nature of the *Networks* project, a high degree of Partner consultation is expected on various matters. We continue to focus on better forward planning in order to anticipate the appropriate amount of time for task completion. Country start-up is one area where we have learned how important it is to dedicate time and resources to relationship building among Partner country representatives and other stakeholders and to create opportunities for substantial participation as country activities get underway. While this demands a high level of effort from everyone involved in the short-term, we are confident that these investments are key to *Networks*' goals of network development and sustainable organizational change.

Networks also continues to operate with less than a full complement of staff as its level of activity increases. While additional positions considered vital for the results package have been put forward and endorsed by the Partners, only two have been filled; eight remain vacant. The need for longer-term staff planning has also been identified.

With the assistance of an organizational development consultant, the NPC has adopted a new agenda format to support project management and problem solve and has committed to a shift in the focus of meetings, from operational to more strategic matters.



FINANCIAL REPORT

Summary Budget March 1998 – November 1999

	Total Budgeted Mar 98 - Mar 03	Expenditures March 5, 1998 - May 31, 1999	JUNE 99	JULY 99	AUG 99	SEPT 99	OCT 99	NOV 99	Expenditures Mar 98 - Nov 99	Estimated Expenditures Dec 99 - Mar 03
I Personnel	\$ 2,425,336	508,770	56,392	48,683	46,704	46,704	48,683	56,392	812,327	1,613,009
II Fringe	587,860	117,744	12,902	13,185	13,749	12,902	13,185	13,749	197,416	390,444
III Travel	1,540,309	138,804	12,313	15,037	9,320	16,533	16,533	16,533	225,074	1,315,235
IV Equipment	75,000	34,033	0	0	16,251	0	9,097	9,097	68,478	6,522
V Supplies	159,928	91,974	6,418	1,585	0	5,300	5,300	5,300	115,877	44,051
VI Contracts	1,568,318	182,260	87,653	32,397	83	23,215	25,536	23,215	374,358	1,193,960
VII Subgrants:										
A. ADRA	6,546,337	146,322	21,227	14,591	14,591	14,591	31,968	31,968	275,259	6,271,078
B. CARE	4,986,246	200,877	38,298	38,298	38,298	38,298	38,298	38,298	430,668	4,555,578
C. PATH	2,028,706	243,499	35,313	35,313	35,976	35,976	35,976	35,976	458,031	1,570,675
D. PLAN	8,092,929	219,987	71,379	71,379	71,379	71,379	71,379	71,379	648,261	7,444,668
E. Other	5,325,694	0	0	0	0	0	0	0	0	5,325,694
VII Subgrants	26,979,912	810,685	166,217	159,582	160,245	160,245	177,622	177,622	1,812,218	25,167,694
VIII Other Direct	6,447,640	204,280	23,137	17,444	6,910	19,188	21,107	23,218	315,284	6,132,356
Total Direct Costs	39,784,303	2,088,551	365,032	287,912	253,260	284,087	317,064	325,126	3,921,032	35,863,271
Indirect Costs	2,125,256	218,776	32,367	20,892	12,497	20,161	21,220	22,533	348,447	1,776,809
Total USAID	41,909,559	2,307,327	397,399	308,805	265,757	304,248	338,284	347,658	4,269,478	37,640,081
Total Cost Share	10,477,390	349,468	137,244	115,095	104,333	113,956	122,465	124,809	1,067,370	9,410,020
Total Program Costs	52,386,949	2,656,795	534,643	423,900	370,091	418,204	460,748	472,467	5,336,848	47,050,101

NGO Networks for Health (*Networks*) is a worldwide project to improve health services by building or strengthening partnerships at the community level between organizations that are already working there. These partnerships provide a range of services, including family planning, maternal and child health, and HIV prevention, that are relevant to the local situation. This five-year effort began in June 1998, and brings together five development organizations—the Adventist Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), Plan International, Program for Appropriate Technology in Health (PATH), and Save the Children/US. *Networks* is supported by USAID's Global/Population, Health, and Nutrition Center.

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